



STATE OF WASHINGTON
VEHICLE
COLLISION
REPORT

REPORT NO. M0012341

DATE OF COLLISION M M D D Y Y Y Y 07 01 2016			DAY OF COLLISION SUN MON TUE WED THU FRI SAT <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>			TIME OF COLLISION HOUR MINUTES 09 46 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM		INVESTIGATED BY: <input type="checkbox"/> STATE PATROL <input type="checkbox"/> CITY POLICE <input type="checkbox"/> SHERIFF <input type="checkbox"/> OTHER POLICE <input checked="" type="checkbox"/> NO INVESTIGATION		COLLISION INVOLVED <input type="checkbox"/> VEHICLE FIRE <input checked="" type="checkbox"/> HIT & RUN <input type="checkbox"/> STOLEN VEHICLE TOTAL # UNITS 1 TOTAL # INJURIES 0 TOTAL # DEATHS 0		
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PLACE WHERE COLLISION OCCURRED

COUNTY PIERCE		ROAD SURFACE <input checked="" type="checkbox"/> DRY <input type="checkbox"/> SAND/MUD <input type="checkbox"/> WET <input type="checkbox"/> OIL <input type="checkbox"/> SNOW <input type="checkbox"/> STANDING WATER <input type="checkbox"/> ICE <input type="checkbox"/> OTHER		WEATHER <input type="checkbox"/> CLEAR/PTLY CLOUDY <input type="checkbox"/> FOG <input type="checkbox"/> OVERCAST <input type="checkbox"/> SLEET <input type="checkbox"/> RAINING <input type="checkbox"/> SEVERE CROSSWIND <input type="checkbox"/> SNOWING <input checked="" type="checkbox"/> OTHER		LIGHT CONDITIONS <input checked="" type="checkbox"/> DAYLIGHT <input checked="" type="checkbox"/> DARK-STREET LIGHTS ON <input type="checkbox"/> DAWN <input type="checkbox"/> DARK-STREET LIGHTS OFF <input type="checkbox"/> DUSK <input type="checkbox"/> DARK-NO STREET LIGHTS <input type="checkbox"/> OTHER	
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LOCATION OF WHERE COLLISION OCCURRED:

NAME OF STREET/HIGHWAY YOU WERE ON OR ADDRESS/NAME OF PARKING LOT:

209 M.L.K. Jr Way

DISTANCE FROM _____ in FEET ☐ MILES ☐ N ☐ E ☐ S ☐ W ☐

NEAREST STREET OR LAND MARK (BRIDGE, RR CROSSING, OTHER LAND MARK):

WAS DRIVER DISTRACTED

UNIT # 1 ☐ YES ☒ NO

UNIT # ☐ YES ☐ NO

DISTRACTIONS INCLUDE: OPERATING A TELECOMMUNICATION DEVICE, ELECTRONIC DEVICES, PDA, LAPTOP COMPUTER, NAVIGATION DEVICES, ADJUSTING AN AUDIO OR ENTERTAINMENT SYSTEM, SMOKING, INSIDE DISTRACTIONS, OUTSIDE DISTRACTIONS, EATING OR DRINKING, ANIMALS, PASSENGERS, ETC.

DISTRACTED BY: _____

DESCRIBE BELOW WHAT HAPPENED (REFER TO UNITS BY NUMBER)

My vehicle was backed into space A 29 at Group Health specialty clinic in Tacoma. When I arrived home from the appointment, I noticed damage to my passenger side hood and light. Someone had hit and run from my vehicle while it was in the parking garage. I have photographs of the car when I had parked it.

DIAGRAM

AT MOMENT OF COLLISION: UNIT # _____ <input type="checkbox"/> PARKED UNOCCUPIED <input type="checkbox"/> PARKED OCCUPIED <input type="checkbox"/> STOPPED <input type="checkbox"/> MOVING		INDICATE ON THIS DIAGRAM WHAT HAPPENED 1. TRACE THE OUTLINE THAT REFLECTS YOUR COLLISION SCENE, WRITING IN STREET OR HIGHWAY NAMES. 2. NUMBER EACH UNIT AND SHOW DIRECTION OF TRAVEL BY ARROW → [1] [2] ←		SHOW NORTH BY ARROW IN CIRCLE STREET OR HIGHWAY _____	
AT MOMENT OF COLLISION: UNIT # _____ <input type="checkbox"/> PARKED UNOCCUPIED <input type="checkbox"/> PARKED OCCUPIED <input type="checkbox"/> STOPPED <input type="checkbox"/> MOVING					

WITNESS NAME	ADDRESS	PHONE NUMBER
1 Security camera, level A	209 Martin Luther King Jr Way, Tacoma, WA 98405	(206) 901-6010
WITNESS NAME	ADDRESS	PHONE NUMBER
2		
SIGNATURE OF PERSON COMPLETING REPORT		ADDRESS
x Dick Bacon		

(OFFICIAL USE ONLY)

UNIT # _____ WAS ON-DUTY LAW
ENFORCEMENT OR FIREFIGHTER
(RCW 41.26.030)

DATE OF REPORT

MO. DAY YEAR
7 1 2016

PAGE 1 OF 2

UNITS INVOLVED

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UNIT # 1

(MARK ONLY ONE) ☒ MOTOR VEHICLE ☐ PEDAL-CYCLE ☐ PEDESTRIAN ☐ PROPERTY OWNER WAS HELMET USED BY MOTORCYCLIST, PEDALCYCLIST, SKATER, SKATEBOARDER? ☐ YES ☐ NO

LAST NAME BACON

FIRST NAME DICK MIDDLE INITIAL SEX ☒ M ☐ F

ADDRESS NEW ☐ 5229 69th Avenue Court East

CITY Puyallup ST WA ZIP 98371

DRIVER'S LICENSE # BACONER500L1 STATE WA D.O.B. MM-DD-YYYY 6 21 1950

LICENSE PLATE # ARJ0857 STATE WA VIN JF2SJAWC5FH483350

TRAILER PLATE # STATE WA ESTIMATED COST TO REPAIR VEHICLE OR OBJECT STRUCK \$.00

VEH YEAR 2015 MAKE (CHEV, FORD) Subaru MODEL (CAMARO, TAURUS) Forester BODY STYLE (2 DR) 4 Door

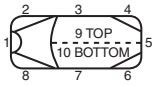
REGISTERED OWNER (LAST - FIRST - MIDDLE INITIAL) Bacon Richard E OWNER'S ADDRESS (STREET, CITY, STATE & ZIP CODE) 5229 69th Avenue Court East

WAS AUTO LIABILITY INSURANCE IN EFFECT AT TIME OF THE COLLISION? ☒ YES ☐ NO INSURANCE COMPANY AND POLICY NUMBER First national insurance Company of America H2217996

NATURE OF INJURIES

☐ MARK IF THIS UNIT WAS A COMMERCIAL VEHICLE

VEHICLE SHADE IN DAMAGED AREA



UNIT #

(MARK ONLY ONE) ☐ MOTOR VEHICLE ☐ PEDAL-CYCLE ☐ PEDESTRIAN ☐ PROPERTY OWNER WAS HELMET USED BY MOTORCYCLIST, PEDALCYCLIST, SKATER, SKATEBOARDER? ☐ YES ☐ NO

LAST NAME

FIRST NAME MIDDLE INITIAL SEX ☐ M ☐ F

ADDRESS NEW ☐

CITY ST ZIP

DRIVER'S LICENSE # STATE D.O.B. MM-DD-YYYY

LICENSE PLATE # STATE VIN

TRAILER PLATE # STATE ESTIMATED COST TO REPAIR VEHICLE OR OBJECT STRUCK \$.00

VEH YEAR MAKE (CHEV, FORD) MODEL (CAMARO, TAURUS) BODY STYLE (2 DR)

REGISTERED OWNER (LAST - FIRST - MIDDLE INITIAL) OWNER'S ADDRESS (STREET, CITY, STATE & ZIP CODE)

WAS AUTO LIABILITY INSURANCE IN EFFECT AT TIME OF THE COLLISION? ☐ YES ☐ NO INSURANCE COMPANY AND POLICY NUMBER

NATURE OF INJURIES

☐ MARK IF THIS UNIT WAS A COMMERCIAL VEHICLE

VEHICLE SHADE IN DAMAGED AREA

